



RCE 1655

Attorney's Docket No. 024705-083

Patent

Patent
5-083 \$
B. Webb
3/16/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

) BOX RCE

Yoshihide HAYASHIZAKI

) Group Art Unit: 1655

Application No.: 09/269,573

) Examiner: B. Forman

Filed: July 16, 1999

)

For: METHODS FOR DETECTING MUTATION IN BASE SEQUENCE

)
)

MAR 15 2021

TECH CENTER 1000,2000

AMENDMENT/REPLY TRANSMITTAL LETTER

**Assistant Commissioner for Patents
Washington, D.C. 20231**

Sir:

Enclosed is a reply for the above-identified patent application.

- [] A Petition for Extension of Time is also enclosed.
 - [] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.
 - [] Also enclosed is _____
 - [] Small entity status is hereby claimed.
 - [X] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$355.00 (279) [X] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).
 - [X] Applicant(s) previously submitted Reply & Amendment, on November 7, 2000, for which continued examination is requested.
 - [] Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
 - [] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
 - [] No additional claim fee is required.

[X] An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	32	MINUS 30 =	2	× \$18.00 (103) =	36.00
Independent Claims	6	MINUS 4 =	2	× \$80.00 (102) =	160.00
If Amendment adds multiple dependent claims, add \$270.00 (104)					
Total Amendment Fee					196.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$196.00

[X] A claim fee in the amount of \$ 196.00 is enclosed.

[] Charge \$ _____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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